

STATE OF ALABAMA)
) ss
COUNTY OF _____)

AFFIDAVIT OF VOLUNTARY SURRENDER
OF LICENSED CLINICAL SOCIAL WORKER LICENSE

Before me, the undersigned authority, personally appeared David E. Pollio, Ph.D., who, being by me duly sworn, deposed as follows:

1. My name is David E. Pollio. I am over eighteen (18) years of age, of sound mind, capable of making this affidavit, and personally acquainted with the facts stated herein.

2. I am a licensed clinical social worker duly licensed by the Missouri State Committee for Social Workers (hereinafter "the Committee").

3. The Committee issued my license to practice clinical social work in Missouri, license number 004687 (hereinafter "License").

4. My License was current and active from the August 30, 1994 issuance of my License until it expired on September 30, 2009.

5. Currently pending before the Missouri Administrative Hearing Commission is litigation captioned *State Committee for Social Workers v. David E. Pollio*, case number 10-1942 SW, in which the Committee seeks to obtain cause to discipline my License.

6. I recognize that the actions alleged by the Committee constitute grounds for formal discipline of my License, for entering into a dual or multiple relationship with the mother of a minor client, in violation of Administrative Rules 20 C.S.R. 2263-3.020(6) and 20 C.S.R. 2263-3.040(1).

7. It is my intent and desire at this time, after due deliberation, to voluntarily surrender my License to the Committee in lieu of formal discipline, and to provide the Committee with all documents or certificates in my possession evidencing the existence of this License. I attest that the original copy of my License certificate is lost and/or destroyed, therefore I am unable to return it to the Committee.

8. I voluntarily and of my own free will agree to surrender and disavow any and all rights to practice clinical social work in the State of Missouri until such time as I may again be in possession of a valid and active license to practice clinical social work in the State of Missouri.

9. I understand and agree that by voluntary surrender of my License, this License becomes as if it were revoked for purpose of regaining licensure in the State of Missouri. I further understand and agree that if I apply for licensure as a licensed clinical social worker in the State of Missouri following the execution of this Affidavit, all facts and information, if any, gathered prior to execution of this Affidavit by the Committee concerning any possible or alleged violations of Chapter 337, RSMo, may be considered in the Committee's decision of whether to grant me a new license.

10. I fully understand that, by my execution of this Affidavit, I shall surrender and lose any rights under the law to practice as a clinical social worker in the State of Missouri and will not be able to again practice clinical social work in the State of Missouri until I reapply for licensure as an original candidate and am accepted by the Committee.

11. I understand that if I desire to obtain a Missouri license to practice the profession of clinical social work in the future, that I will need to re-apply for licensure and comply with all requirements for licensure in effect at the time such application becomes complete. I further understand that any application I make in the future will be reviewed by the Committee to determine whether or not I will be granted a license.

12. I understand that the Committee will report the following description to the Association of Social Work Boards regarding my voluntary surrender, and that the effective date will be filled in with the date upon which this affidavit is signed by me and notarized: in 2005 Licensee provided counseling services to a 9 year old girl diagnosed with bipolar disorder. Licensee consulted with the girl's mother regarding strategies to implement behavioral interventions for her daughter and engaged in a dual or multiple relationship with the girl's mother, as prohibited by 20 C.S.R. 2263-3.040(1), (2), and (5). Licensee surrendered his expired Missouri license as a Licensed Clinical Social Worker in lieu of formal discipline, effective mm/dd/yyyy.

13. I further understand that the Committee will maintain this voluntary surrender as an open record of the Committee as provided in Chapters 337, 610, and 620, RSMo, as amended. The Committee may disclose the fact of my voluntary surrender and the cause behind it, pursuant to Chapters 337, 610, and 620, RSMo, as amended.

14. I understand that my License will not be returned to me by the Committee upon request, but that License will cease to exist when it is surrendered.

15. I acknowledge and affirm by this sworn statement that no threats, promises, or assurances of any kind have been made to me regarding the voluntary surrender of my License except as noted above, nor have I been threatened or coerced to so act in any way, but rather, I hereby voluntarily surrender my License as a licensed clinical social worker in the State of Missouri by and with this Affidavit.

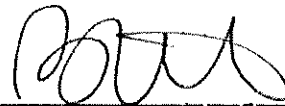
2-2-2012

Date



David E. Pollio, Ph.D.

Subscribed and sworn to before me this 2 day of feb, 2011.



Notary Public

My Commission Expires:

MY COMMISSION EXPIRES DECEMBER 1, 2015